

**REQUEST FOR RELIGIOUS  
ACCOMMODATION**

**Employee/Applicant**

Employee/Applicant's Name:	Position:
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Address:

City/State:	Zip Code:
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Work Location:	Work Telephone:
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Name of Judiciary Representative:	Date(s) Accommodation is Needed:
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**Accommodation Request**

Please print or type. Be as specific as possible. If required, attach additional pages.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee/Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For Judiciary Representative Use Only***

Date Request Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_  
\_\_\_\_\_

Judiciary Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to:  Office of Fair Practices